

## CONSENT FORM FOR MINOR

As the Legal Guardian of \_\_\_\_\_  
name of minor

I hereby give \_\_\_\_\_  
name of psychotherapist

my consent to see \_\_\_\_\_, a minor,  
name of client

on a regular basis, for the purpose of psychological counseling.

Date \_\_\_\_\_ Name \_\_\_\_\_  
parent or legal guardian

Signature \_\_\_\_\_  
parent or legal guardian

Address \_\_\_\_\_

City / State \_\_\_\_\_

Telephone \_\_\_\_\_